

 <div style="display: inline-block; vertical-align: middle;"> <p style="margin: 0;">APPLICATION FOR CERTIFICATE</p> <p><input type="checkbox"/> AIRPORT OPERATING CERTIFICATE</p> <p><input type="checkbox"/> LIMITED AIRPORT OPERATING CERTIFICATE</p> </div>		<p>FAA USE ONLY</p> <p>Site Number _____</p>	
<p>Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual or Airport Certification Specifications to the headquarters of the appropriate FAA Regional Office.</p>			
Type of Submission (Check one)		FOR	
<input type="checkbox"/> Original <input type="checkbox"/> Amendment <input type="checkbox"/> Exemption		<input type="checkbox"/> Airport <input type="checkbox"/> Heliport <input type="checkbox"/> Stolport <input type="checkbox"/> Seaplane Base	
A. Location of Airport			
1. Name of Airport		2. Address (Number, Street, P.O. Box)	
3. City		4. County	5. State 6. Zip Code
6a. Latitude ° ' "	6b. Longitude ° ' "	7. Airport is a. State Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No b. State Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Operated By			
1. <input type="checkbox"/> Municipality <input type="checkbox"/> State <input type="checkbox"/> Military <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Port Authority <input type="checkbox"/> FAA			2. Joint Use Airport is <input type="checkbox"/> Mil/Civ Joint Use <input type="checkbox"/> Civ/Mil Joint Use
3. Name of Owner		4. Name of Manager/Operator	
Number/Street/P.O. Box		Number/Street/P.O. Box	
City	County	State Zip	City County State Zip
C. Operative Date			
1. Firefighting Equipment (Check Current Index) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		2. Currently Equipped for I FIR Operation (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Air Carriers Currently Served (TWA, UAL, etc.)			
4. Air Carrier Aircraft Currently Served (727, DC-9, etc.)			
D. Remarks <input type="checkbox"/> Check here and use reverse side of this sheet.			
E. Certification			
<p>This application, which includes the Airport Certification Manual or Airport Certification Specifications submitted as a part of the application is submitted in order to obtain an Airport Operating Certificate or Limited Airport Operating Certificate. I certify, under penalty of 18 U.S. Code, Section 1001 and other applicable provisions of law, that the statements and information in the application form and manual or specifications are complete and true to the best of my knowledge.</p>			
Applicant Signature		Applicant Address/Number/Street or P.O.	
Applicant Name (typed)		City	
Applicant Title	Date Submitted	State Zip	Telephone No. () -
FAA USE ONLY			
1. Date Application Received		2. Date Proposed for Inspection	
3. Date inspection Completed		Signature	Title
4. Recommended for <input type="checkbox"/> Certificate <input type="checkbox"/> Modification <input type="checkbox"/> Disapproval	Date	Signature	Title
5. Remarks			

PAPERWORK REDUCTION ACT STATEMENT: The information collected on this form is necessary to determine applicant eligibility for airport operating certificates. The FAA estimates that it will take 200 hours to complete this form and develop an Airport Certification Manual or Airport Certification Specifications that must accompany this form. This collection of information is mandatory under 14 CFR Part 139. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The control number for this collection of information is 2120-0063.

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